



CENTRON SECURITY SERVICES

Daily Security Report

| | | | | | | | | | | | | | | | |
|---|-----------------------------------|-------------------------------------|------------------------|--|------------------------|--|--|---|-------------|----------------------|-----|----|-------------|--|--|
| Client No. 2036 | Client Name O.H. Metals | Location 1002 Oswego, St. | Date 1/25/87 | | | | | | | | | | | | |
| Facility Equipment 14 | Detect Clock No. - | Weapon No. - | Holster - | Nightstick - | Raincoat 1 ✓ | Flashlight 1 ✓ | Other GATE & TRAVEL KEYS | | | | | | | | |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | | | Officer—Day Shift (Name) Kenneth Felix | | Officer—Swing Shift (Name) ofc Del Vecchio | | Officer—Grave Shift (Name) ofc Kotoszki | | | | | | | |
| Shift Began 8 AM Ended 4 AM | | | | Shift Began 4 AM Ended 12 PM | | | | Shift Began 12 PM Ended 8 PM | | | | | | | |
| Observations or actions taken | Yes | No | Explanation | | | Yes | No | Explanation | | | Yes | No | Explanation | | |
| Rounds or stations missed | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| Unlocked doors, gates or windows | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| Unlocked vaults or safes | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| Fire-smoke or hazards | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| 1. Extinguishers missing or defective | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| 2. Sprinkler system defective | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| 3. Fire doors or exits blocked | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| 4. Rubbish accumulation | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| 5. Motors running | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| 6. Lights left burning | | ✓ | | | | | ✓ | As required | | | | ✓ | | | |
| Injury hazards | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| Visitors | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| Trespassing | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| Violation of company rules | | ✓ | | | | | ✓ | | | | | ✓ | | | |
| Remarks | | | | | | | | | | | | | | | |
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| IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. | | | | | | | | | | | | | | | |
| 1. Were you injured during this tour? | Day Shift | 1. | 2. | 3. | Swing Shift | 1. | 2. | 3. | Grave Shift | 1. | 2. | 3. | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | | | |
| 2. Did you suffer any illness? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | | | |
| 3. Have you reported all accidents coming to your attention? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | | | |
| Signatures | 1. | Kenneth Felix | | | 1. | ofc Del Vecchio | | | 1. | Dick Kotoszki | | | | | |
| Signatures | 2. | | | | 2. | | | | 2. | | | | | | |
| Signatures | 3. | | | | 3. | | | | 3. | | | | | | |

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